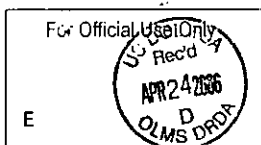


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7191</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>TODD</u> <u>MILLER</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>3400 WEST 2100 SOUTH</u> City <u>SALT LAKE CITY</u> State <u>Utah</u> ZIP Code + 4 <u>84119</u>	4. Name, file number, and address of labor organization. Name <u>IBEW LOCAL UNION NO. 354</u> Labor Organization File Number <u>028-799</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>3400 WEST 2100 SOUTH</u> City <u>SALT LAKE CITY</u> State <u>Utah</u> ZIP Code + 4 <u>84119</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

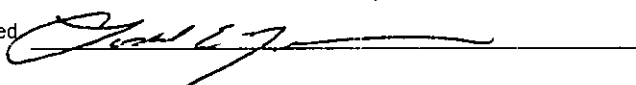
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

4-4-06

Date

801-972-9354

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW LOCAL UNION NO. 354

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3400 WEST 2100 SOUTH

City SALT LAKE CITY

State Utah ZIP Code + 4 84119

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name EIGHT DISTRICT PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2821 SOUTH PARKER ROAD, SUITE 1005

City AURORA

State Colorado ZIP Code + 4 80014

11.a. Nature of such dealing.

TRUSTEE REIMBURSEMENTS

11.b. Approximate dollar value of such dealing.

\$2,960

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7191	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name TODD MILLER P.O. Box, Bldg., Room No., if any Street 3400 WEST 2100 SOUTH City SALT LAKE CITY State Utah ZIP Code + 4 84119	4. Name, file number, and address of labor organization. Name IBEW LOCAL UNION NO. 354 Labor Organization File Number 028-799 P.O. Box, Building and Room Number, if any Street 3400 WEST 2100 SOUTH City SALT LAKE CITY State Utah ZIP Code + 4 84119
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

4-4-06

Date

801-972-9354

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IBEW LOCAL UNION NO. 354

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3400 WEST 2100 SOUTH

City SALT LAKE CITY

State Utah ZIP Code + 4 84119

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name EIGHT DISTRICT HEALTH & WELFARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2821 SOUTH PARKER ROAD, SUITE 1005

City AURORA

State Colorado ZIP Code + 4 80014

11.a. Nature of such dealing.

TRUSTEE REIMBURSEMENTS

11.b. Approximate dollar value of such dealing.

\$1,517

12.a. Nature of interest held or income received.

NONE

12.b. Amount.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.